

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

or **Fax** (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20350      7590      01/13/2005  
**TOWNSEND AND TOWNSEND AND CREW, LLP**  
TWO EMBARCADERO CENTER  
EIGHTH FLOOR  
SAN FRANCISCO, CA 94111-3834  
04/19/2005 DEHRAHUE 00000059 500310 10686411

01 FC:2501      700.00 DA  
02 FC:1504      300.00 DA  
03 FC:8001      45.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<u>Kathryn A. Deglantoni</u>	(Depositor's name)
<u>Kathryn A. Deglantoni</u>	(Signature)
April 6, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/686,411	10/14/2003	Carol J. Lovatt	023070-114881US	6851

**TITLE OF INVENTION: NOVEL FORMULATION OF PHOSPHORUS FERTILIZER FOR PLANTS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANGE, WAYNE A	1754	071-011000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morgan, Lewis & Bockius LLP

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

The Regents of the University of California, Oakland, CA

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 15

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature [Signature]

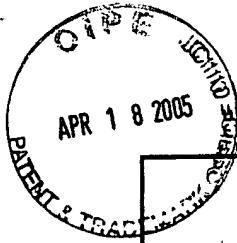
Date April 6, 2005

Typed or printed name Todd Esker

Registration No. 46,690

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/686,411
		Filing Date	October 14, 2003
		First Named Inventor	Lovatt, Carol J.
		Art Unit	1754
		Examiner Name	Langel, Wayne A.
Total Number of Pages in This Submission	5	Attorney Docket Number	061818-5006-US05

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (See Remarks) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>• Return postcard</li> <li>• Issue Fee Transmittal</li> </ul>
		Remarks
The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Morgan, Lewis & Bockius LLP	Reg. No. 46,690
Signature		
Date	April 6, 2005	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being transmitted to the USPTO via United States Postal Service Express Mail with sufficient postage and envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kathryn A. Deglantoni		
Signature			Date
			April 6, 2005

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** | (\$ ) 1,000.00

## Complete if Known

Application Number	10/686,411
Filing Date	October 14, 2003
First Named Inventor	Lovatt, Carol J.
Examiner Name	Langel, Wayne A.
Art Unit	1754
Attorney Docket No.	61818-5006-US05

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number **50-0310**

Deposit Account Name **Morgan, Lewis & Bockius LLP**

The Director Is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
	500		250	Utility Search Fee	
	200		100	Utility Examination Fee	
<b>SUBTOTAL (1)</b>				(\$ )	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	-20 =	X [ ] =	[ ]
Independent Claims	1	-3 =	X [ ] =	[ ]
Multiple Dependent			X [ ] =	[ ]

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				(\$ )

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	120		2251	60	Extension for reply within first month	
	1252	450		2252	225	Extension for reply within second month	
	1253	1,020		2253	510	Extension for reply within third month	
	1254	1,590		2254	795	Extension for reply within fourth month	
	1255	2,160		2255	1,080	Extension for reply within fifth month	
	1401	500		2401	250	Notice of Appeal	
	1402	500		2402	250	Filing a brief in support of an appeal	
	1403	1,000		2403	500	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	500		2452	250	Petition to revive – unavoidable	
	1453	1,500		2453	750	Petition to revive – unintentional	
	1501	1,400		2501	700	Utility issue fee (or reissue)	700
	1502	800		2502	400	Design issue fee	
	1503	1,100		2503	550	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	790		2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	790		2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	790		2801	395	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	
	1081	250		2081	125	Utility Application Size Fee – for each additional 50 sheets that exceeds 100 sheets	
						Other fee (specify) -Publication Fee-----	300

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$ ) 1,000

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Todd Esker	Registration No. (Attorney/Agent)	46,690	Telephone	(415) 442-1000
Signature				Date	April 6, 2005
1 SF7231221.1					